

>In support of SB 190

Dear Committee Members:

An individual wishing to be a kidney donor is required to have an
> extensive medical evaluation prior to being accepted as a donor.

This

> evaluation requires at least three physician visits (2 medical and 1
> surgical), an interview with a social worker, a computed tomography
> scan (CAT scan) with angiography and separate laboratory testing.

> While every effort is made to combine these visits the average donor
> is likely to miss four days of work while undergoing the evaluation.

> The hospital stay for the donor averages 3 Depending upon the type of
> surgery performed to remove the kidney, laparoscopic or open, and the
> type of employment of the donor the time out of work can range from 2
> weeks to 2 months. Donors are required to take days off from work
for

> their evaluation, surgery and recovery. My conversations with these
> donors reveals that most use either vacation days or unpaid sick
leave

> and this lost income is never recovered. More over other family
> members take off days from work to assist with donor and recipient
> during the initial post-operative period.

> Another common occurrence is a potential donor traveling from one
> state to another to be a donor or even from one country to another.
> In the past year at Yale, we have had donors from France, China,
> Jamaica, Germany, Kentucky, Maryland, Pennsylvania and Massachusetts.
> Travel expenses are not compensated in any form. In seven years as
a

> transplant physician, I have never met an individual coming forward
as

> a donor who even complained about what I have mentioned above. To
the

> contrary, as a group I have never care for more selfless individuals
> who seem to be willing to endure almost anything to help their
> potential recipient. In my opinion, the great inequity is that organ
> donors, in this case kidney donors, endure physical discomfort and
> financial loss while society reaps financial gain. The most current
> analysis of this topic shows us that it costs about \$66,000.00 per

> year to maintain a patient on dialysis. Even when considering the up
> front costs of transplantation, the breakeven point for living renal
> transplantation occurs at 2.3 years post transplantation. There
after
> it only costs between \$12-14, 000.00 to maintain a transplant
patient.
> While I do not believe in or support the idea of payment for organs,
I
> do believe that organ donors should be made as whole as possible
after
> the donation and should be compensated for lost income and lost
> vacation time. This compensation could occur either in the form of
> direct payment or tax incentives.

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